

# South Carolina Department of Labor, Licensing and Regulation Residential Builders Commission

110 Centerview Drive • PO Box 11329 • Columbia, SC, 29211-1329 Phone: 803-896-4696 • Fax: 803-896-4814 • www.llronline.com



## REINSTATEMENT APPLICATION RESIDENTIAL BUILDER

	al Numb	er:		Fee:	210.00 (if license has been expired less than 12 months)
Name:					
Social Se	curity N	umber:			
Mailing A	Address:			F.o.	260.00 (if licence has been
City:		State:	Zip Code:	Fee:	260.00 (if license has been expired 12 months or more)
Email ad	ldress:				
We gladly a electronic f electronic f Indicate an	accept your und transfer und transfer	checks. When you provide	a check as payment, you authorize occess the payment as a check transpayment is returned unpaid.	ze us to use int	with this form to the address listed above. formation from the check to make a one-time authorize us to collect a fee through
Address	s:				
City:			State:		Zip:
Email a	ddress				
Bond N	ame:		Bond Numbe	r:	icate or a new original bond.  Bond Expiration Date:  es, please explain on a separate
			ewal application, include	-	·
			plication being returned.		
	lo _	Renewal Questions:			
	A.		cation, have you been denie in this state or any other sta		as a home builder, specialty contractor
	∃ В.	•	•		, convicted, pled guilty or nolo
	_	contendere for violati	on of any federal, state, or	local law (o	other than minor traffic violations)?
	C.		judgments, liens or claims to with in the past 5 years?	filed agains	t you or any business with which you
	D.		1 .	or has any ac	ction been taken against your license
SIGNAT	URE:	in any jurisdiction.			
provided b		result in the cancellation			tand that false or incorrect information ication and the institution of appropriate civi
Signature	of Appli	cant		Date	
NI a 4 a a a	r r				

- 1. **For surety bond:** must be an <u>original</u> (no copies or facsimiles), in the builder's name only, signed by the builder, in the amount of \$15,000.00 with power of attorney attached and the individual's name listed as principal (not the company or business name).
- 2. It is the individual's responsibility to notify this office, in writing of any name and/or address changes. Name changes require a copy of legal documentation (i.e., marriage license, divorce decree, court order).



# STATE OF SOUTH CAROLINA DEPARTMENT OF LABOR, LICENSING AND REGULATION



# VERIFICATION OF LAWFUL PRESENCE IN THE UNITED STATES AFFIDAVIT OF ELIGIBILITY

\_\_\_\_\_

Pursuant to Section 8-29-10, et seq. of the South Carolina Code of Laws (1976, as amended), the Department of Labor,

Licensing and Regulation must verify that any person who applies for a South Carolina license is lawfully present in the United States. Complete and sign this affidavit of eligibility. The information provided is subject to verification. Section A: LAWFUL PRESENCE in the United States. (Home Address, City, State, and Zip (Print clearly First, Middle, and Last name) Code) being first duly sworn deposes and states as follows: Check only one box: 1. I am a United States citizen; or I am a Legal Permanent Resident of the United States eighteen years of age or older; or I am a Qualified Alien or non-immigrant under the Federal Immigration and Nationality Act, Public Law 82-414, eighteen years of age or older, and lawfully present in the United States. Other: Please submit any documentation that supports this status. Date of Birth: Alien Number: I-94 Number: (If you checked number 2, 3, or 4 you must attach a copy of your immigration documents. See Instruction sheet for a list of accepted immigration documents.) Section B: ATTESTATION. I understand that in accordance with section 8-29-10 of the South Carolina Code of Laws, a person who knowingly and willfully makes a false, fictitious, or fraudulent statement or representation in an affidavit shall, in addition to other sanctions imposed by this State or the United States, be guilty of a felony, and upon conviction must be fined and/or imprisoned for not more than 5 years (or both). I understand that the representations made in this Affidavit shall apply through any license(s) or renewals issued, and that I shall have an affirmative duty to immediately advise the Department of Labor, Licensing and Regulation of any change of my immigration or citizenship status.

I swear and attest the information contained herein is true and correct to the best of my knowledge. I understand

that under South Carolina law, providing false information is grounds for denial, suspension, or revocation of a license, certificate, registration or permit.

Signature of Affiant

SWORN to before me this \_\_\_\_\_ day of \_\_\_\_\_

Notary Public for \_\_\_\_\_

My Commission Expires: \_\_\_\_\_\_

#### INSTRUCTION SHEET FOR COMPLETING AFFIDAVIT OF ELIGIBILITY

#### CHECK box 1:

If you are a United States Citizen by birth or naturalization

#### CHECK box 2:

If you are a Legal Permanent Resident and you are not a U.S. Citizen, but are residing in the U.S. under legally recognized and lawfully recorded permanent residence as an immigrant.

## PROVIDE A COPY OF ALL IMMIGRATION DOCUMENTS.

## CHECK box 3:

If you are a Qualified Alien. You are a Qualified Alien if you are:

An alien who is lawfully admitted for residence under the INA.

An alien who is granted asylum under Section 208 of the INA.

A refugee who is admitted to the United States under Section 207 of the INA.

An alien who is paroled into the United States under Section 212(d)(5) of the INA for a period of at least 1 year.

An alien whose deportation is being withheld under Section 243(h) of the INA (as in effect prior to April 1, 1997) or whose removal has been withheld under Section 241(b)(3).

An alien who is granted conditional entry pursuant to Section 203(a)(7) of the INA as in effect prior to April 1, 1980.

An alien who is a Cuban/Haitian Entrant as defined by Section 501(e) of the Refugee Education Assistance Act of 1980. An alien who has been battered or subjected to extreme cruelty, or whose child or parent has been battered or subject to extreme cruelty.

PROVIDE A COPY OF ALL IMMIGRATION DOCUMENTS.

#### **ACCEPTED IMMIGRATION DOCUMENTS:**

Unexpired Reentry Permit (I-327)

Permanent Resident Card or Alien Registration Receipt Card With Photograph (I-551)

Unexpired Refugee Travel Document (I-571)

Unexpired Employment Authorization Card Which Contains a Photograph (I-766)

Machine Readable Immigrant Visa (with Temporary I-551 Language)

Temporary I-551 Stamp (on passport or I-94)

I-94 (Arrival/Departure Record) in Unexpired Foreign Passport

I-20 (Certificate of Eligibility for Nonimmigrant, F-1, Student Status)

DS2019 (Certificate of Eligibility for Exchange Visitor, J-1, Status)

# LICENSE BOND

BOND NUMBER:\_\_\_\_\_

KNOW ALL MEN BY THESE PRESE	TS that we	
ousiness in the State of South Carolina, as Sure irmly bound unto the South Carolina Resident nomeowner sustaining loss or damage within th	, as Principal, and, a Surety Company aut y, it's successors, assigns, and legal representatives al Builders Commission, State of South Carolina are terms of this bond for payment, as obligee in the swful money of the United States of America. We bi	are held and nd any um of
	and assigns, jointly and severally, firmly by these p	
	has applied to the South Carolina Residential Build ode of Laws of South Carolina, as amended (the Act), as a:	
	ation (\$15,000) Licensed Residential Specialty Con	
	s required in Section 40-59-220 of the Act to furnish method of complying with one of the conditions	
	is bond is such that if the above bonded Principal sh the International Residential Code and Health and Sar wise it is to remain in full force and effect.	
icense term of through he Surety shall have the right to cancel this bond Builders Commission of its intention to so cancel	the above statutory and regulatory obligations of the unless renewed by continuation certat any time by filing written notice with the South Cargiving at least thirty (30) days notice prior to the effective operate to relieve, release or discharge the Surety fipiration of the thirty (30) day period.	tificate; however, rolina Residential ective date of the
iability of the Surety shall not be cumulative an	nd may remain in force or the number of claims again the aggregate liability of the Surety for any and al Thousand Dollars (\$,000.00) for any l	l claims, suits or
amount of the loss or damages. No complaint n within eight (8) years after the event giving rise to	on by the Commission which will validate the claim and be maintained to enforce any liability on this bound the cause of action. No right of action shall accrue us whatsoever other than the Commission or any home rement.	d unless brought pon or by reason
Witness our hands and seal this	y of	
Name of Surety Company (Pi	nt) Name of Principal (Print)	
By:Signature of Surety (Attorney-in-Fact)	By: Signature of Principal	-

Signature of Surety (Attorney-in-Fact)
Revised 2/22/2012
Approved SCRBC 4/6/2012
Effective 4/6/2012